

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004379

**DOCUMENT # N44020**

1. Entity Name

**HISPANIC CHAMBER OF COMMERCE OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

**319 N MAGNOLIA AVE  
ORLANDO FL 32801  
US**

**319 N MAGNOLIA AVE  
ORLANDO FL 32801  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3103840**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, HECTOR L**

**1640 LEE ROAD**

**WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**600008815106**

**11/05/02--01109--006 \*\*236.25**

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/30/02**

**After September 13, 2002,  
min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME RAIZA, TAMAYO  
STREET ADDRESS 508 CLIFTON ST.  
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE Vice-Chairperson - ☒ Change ☒ Addition  
NAME Valarino, Lizette  
STREET ADDRESS 201 S. Rosalind Ave 5th FL  
CITY-ST-ZIP Orlando, FL 32801

TITLE PED  
NAME GARCIA, MARIO  
STREET ADDRESS 225 EAST ROBINSON ST STE 540  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE Chairman - ☒ Change ☐ Addition  
NAME Garcia A., Mario  
STREET ADDRESS One S. Orange Ave., #401  
CITY-ST-ZIP Orlando, FL 32801

TITLE V  
NAME LOPEZ, LIA  
STREET ADDRESS 100 N MAGNOLIA AVENUE  
CITY-ST-ZIP ORLANDO FL 32803 ☒ Delete

TITLE Secretary, Farmer  
NAME Cecilia  
STREET ADDRESS 1400 W. Fairbanks Ave., #102  
CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☒ Addition

TITLE S  
NAME CAMACHO, JOSE  
STREET ADDRESS 157 E NEW ENGLAND AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE Chair Elect  
NAME Nohra, May  
STREET ADDRESS 1601 W. Colonial Drive  
CITY-ST-ZIP Orlando, FL 32804 ☐ Change ☒ Addition

TITLE T  
NAME GIANNONI, VINCENT  
STREET ADDRESS 437 LANCERS DRIVE  
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☒ Delete

TITLE Treasurer  
NAME Garcia, Victor H.  
STREET ADDRESS 1201 S. Orlando Ave., #400  
CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☒ Addition

TITLE LA  
NAME FORSTER, GARY  
STREET ADDRESS 280 W CANTON AVENUE STE 410  
CITY-ST-ZIP WINTER PARK FL 32790 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

**10.30.02**

**407-428-5870**

CR2E037 (4/02)